

GILA COUNTY COMMUNITY ACTION PROGRAM

Payson Office:
107 W./ Frontier Street
Payson, AZ 85541
PHONE: 928-474-1759
FAX: 928-468-8056

Pre-Interview Screening Form Questionnaire for Gila County CAP

Globe Office:
5515 South Apache Ave.
Globe, AZ 85501
PHONE: 928-425-7631
FAX: 928-425-9468

Complete all information requested on this form and return it to the CAP office. Your actual service appointment will be scheduled based on openings. Completing this form does not guarantee an appointment or assistance.

You must answer all questions before turning it in.

Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Residential Address: _____

City/State/Zip Code: _____

Phone #: _____ home / message **Cell #:** _____

Starting with yourself list everyone who lives in your house. Include ALL Social Security numbers. (PLEASE PRINT)

NAME Last	First	Middle Int.	AGE	SOCIAL SECURITY NO.	BIRTH DATE	Medical Ins. type) Private, AHCCCS, VA or none	Education 0, K, or 1 - 16

If you need additional space for other household members, please use the back of this page.

Have you ever received assistance from CAP (our agency)? No ___ Yes ___ When _____ Do you receive Food Stamps ? ___
If yes, what CAP assistance did you receive? _____ Have you received Food stamps in the last 6 months ? ___

What do you need assistance with? ___ Rent/Mortgage ___ Electric ___ Gas ___ Propane ___ Other

If for other needs, please specify _____

Do you have a rent eviction notice, late notice for rent, or foreclosure notice? ___ Yes ___ No

Do you have a shut-off notice from a utility company? (___ Yes ___ No) (___ Electric ___ Gas ___ Other) - **Disconnect date:** _____

Why have you been unable to pay the bill (be specific) _____

Are you currently working? ___ Yes ___ No

Marital Status _____

If yes, how many hours a week do you work? _____

Type of residence: Mobile Home, House, Apartment (circle one)

Sources of income (ex.: Wages, Social Security/SSI, Unemployment, TANF Cash Assistance, Child Support, Alimony, Pension, VA, Worker's Compensation, etc.) **List sources and gross amounts received each month**

TOTAL GROSS INCOME FROM ALL SOURCES ABOVE (before deductions) **FOR EVERYONE IN THE HOUSEHOLD FROM ANY SOURCE..... FOR THE LAST 30 DAYS** _____ **Be as accurate as possible**

Signature: _____ **Date:** _____

OVER >

PLEASE COMPLETE THIS
BUDGET FORM

SHOW YOUR
AVERAGE MONTHLY
EXPENSES BELOW

Average monthly, quarterly, or yearly expenses to a
monthly amount.

EXPENSES	Average Monthly Amount	Special Notes
Electric		
Natural Gas		
Propane		
Wood		
Other		
Rent Payment		
Mortgage Payment		
Taxes on home		
Ins. On home or rental		
Food		
Personal		
Clothing		
Car payment		
Car insurance		
Auto Gasoline		
Phone		
Water		
Medical/ Dental		
Credit cards		
Sewer		
Childcare		
Education		
Gifts and donations		
Recreation/Entertainment		
Tobacco / Alcohol		
Cable		
Other ()		
Other ()		
TOTAL Expenses Each Month		
TOTAL Gross Income		
Last 30 Days		
Minus Payroll Deductions		
=Net Income / Last 30 Days		
(Take home Pay)		

The date you moved to Gila County _____
The Date you came to Arizona _____

Do you live in subsidized Housing? (HUD Housing, Section 8 etc.) YES _____ NO _____

Do you make Utility Payments (Electric) Y/N _____
Do you make Utility Payments (Propane/Gas) Y/N _____

Check one: Renter Y/N _____ Home Owner Y/N _____
Is anyone in the household disabled Y/N _____

If you, or others in your household , are not working, what is the main reason you or they are not working?